

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526389

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		0				
6		0				
7		0				
8	1					
9	1					
10	1					
11			1			
12				1		
13				1		
14				1		
15				3		
16				3		
17				3		
18				3		
19				3		
20			1			
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	8	←	18	←		←
TOTAL CLAIMS	12		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC